

National Gulf War Resource Center

## **DoD Force Health Protection Deceptive Compliance**



**Testimony of Stephen L. Robinson**

**Executive Director**

**Before the Subcommittee on National Security, Emerging Threats, and  
International Relations**

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## National Gulf War Resource Center

Mr. Chairman and members of the committee, the National Gulf War Resource Center (NGWRC) is honored to have the opportunity to submit written testimony for today's hearing on Force Health Protection.

Public laws (specifically PL 105-85) designed to protect soldiers on the battlefield are being ignored, thereby setting the stage for mystery illnesses to again present themselves after a war with Iraq.

FHP was supposed to be a catalyst for a fundamental reorientation of military medicine. The intent was to broaden the focus from acute-care services and post-casualty intervention to include proactive, preventive services that maintain healthy and fit forces. Additionally, FHP was designed to correct the mistakes of 1991 by collecting baseline data on the health of our forces before, during, and after war. These efforts were to provide the platform for future research should any chemical or biological event occur.

Unfortunately, FHP results have been utterly disappointing. These shortfalls demonstrate a lack of willingness to follow the public law and a lack of understanding of the lessons from medical mistakes made more than 12 years ago. Ignoring those lessons will create a whole new round of delays and denials should hostilities include the release of CBW on the battlefield.

Recently the Institute of Medicine completed its review of Pesticides and Solvents use in the first Gulf War. One of the conclusions of the committee was that lack of data prevented the committee from linking exposures of the war to illnesses that veterans suffer from. As the IOM begins its next round of investigations into oil well fires and chemical compounds they are keenly aware that there is also a lack of data on these types of exposures. The NGWRC can safely predict that the IOM will reach the same conclusions because baseline data was never considered and post exposure data was never collected.

It is important to note that reports from the IOM are used by the Department of Veterans Affairs to rule in or rule out service-connection for veteran's illnesses. This is why the public law is so important and why ignoring it will harm another generation of veterans.

Looking at the public law it is clear that some initiatives to decrease risks in military operations have been implemented, many others have not:

- Implemented - Standardizing methods identifying medical threats and appropriate countermeasures prior to deployment – these features have been incorporated in early military deployment planning efforts. Also, the use of surveillance teams to monitor the environment and CBW are now an integral part of the war plan and should be conducted throughout the operation.

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- Not implemented - Medical screening and analysis, both pre- and post-deployment. Congress passed PL 105-85 in 1998 as part of the defense authorization bill at a time when Gulf War veterans were experiencing various ailments known collectively as Gulf War Syndrome: joint pain, headaches, memory loss, rashes, balance problems, and loss of motor skills. The screenings were meant to provide epidemiologists and doctors a baseline snapshot of every soldier's health. Then, physicians could monitor changes over time, particularly during and after deployment. The law also called for drawing blood samples, significant medical record keeping, and an examination of the soldier's mental health.

The Pentagon has been quoted saying "it cannot verify that soldiers in the anti-terrorism campaign or the war with Iraq are undergoing medical exams before and after deployment as required by law." The NGWRC knows that statement is true based on information from deploying National Guard soldiers.

Instead of following the letter of the law in a meaningful way that will produce scientifically valuable evidence Dr. Michael Kilpatrick and his superiors are interpreting the law in a way, which creates "Deceptive Compliance". This halfhearted effort will produce similar results that have prevented the IOM from reaching conclusions from the last Gulf War.

The director of the Deployment Health Support Directorate is charged by this law to implement lessons learned. DoD is not following the law.

The current activities of DoD and health monitoring in the Pre-Deployment phase are described below.

In the Pre-Deployment phase the Department is **not conducting hands-on physicals** to determine the health status of the force before deployment as required by law. Instead, DoD is **handing out a questionnaire**.

A DoD quote from a recent Congressional inquiry describes its own questionnaire as follows " Although these forms contain a limited amount of information, they do provide a means to document health status before and after deployment, and afford the deployed Service member the opportunity to have deployment-related health concerns documented and addressed."

More significantly the Department is **not drawing blood samples** from the entire force prior to deployment as required by law. Instead, DoD is relying on the serum collection for HIV testing. This serum may be anywhere from one to three years old and will not be a snapshot of the soldier's current pre-deployment health condition. Even a retired Army Ranger knows the best time to collect data is immediately after the event, not months to years later. Every scientist from the IOM also agrees with this assessment. More data is preferred over poor data.

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The current activities of DoD and health-monitoring in the Post-Deployment phase are described below.

In the Post-Deployment phase the Department is **not conducting mental and physical evaluations** after deployment as required by law. Instead, DoD **hands soldiers a questionnaire**. The survey is inadequate and does nothing to satisfy the requirements of the law or provide meaningful information. Additionally the lack of mental screening has been demonstrated as problematic. Soldiers who recently served in Afghanistan were sent directly home without any medical assessment. Some of these soldiers committed horrible crimes that may be related to combat stressors. Had the public law been followed perhaps a terrible tragedy might have been averted.

The Department is **not drawing blood samples** from the entire force after the deployment as required by law. Instead, DoD is **relying on the serum collection for HIV testing**. This serum may be anywhere from one to three years old and will not be a snapshot of any changes that may have occurred as a result of exposures during the deployment. Because the Department is again failing to collect the baseline data, veterans will not be able to meet the burden of proof required by the Department of Veterans Affairs for treatment, compensation, and care. This mistake is precisely what created the controversy surrounding Gulf War Illnesses.

Service members are being set up to face another round of delay, denial, and obfuscation regarding possible service-connected medical conditions or disabilities related to their participation in a Middle East conflict. This prospect is unacceptable and must be corrected.

The current medical practices of the DoD and its half-hearted implementation of public law is a disaster waiting to happen. Since forces are actively engaged in combat we have missed the opportunity to conduct base-line Pre-Deployment screening. Will this Nation allow DoD to also ignore the Post-Deployment aspects of this law?

In the military I served in there were consequences for failure to obey orders and anything less than a 100% effort was unacceptable. We were not allowed to interpret the intent of orders but rather to obey them implicitly. These core values do not seem to work both ways.

Veterans will be the ones who suffer the consequences of this poor implementation of the law. Veterans will be the ones who will face another fight because of a lack of data.

I hope that those responsible for the implementation of this law will be haunted by their failures for they have surely shamed the memories of those who have died and lost their livelihood as a result of the exposures of the last Gulf War.

Mr. Chairman, who we hold accountable?

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#### **Funding Statement**

National Gulf War Resource Center (NGWRC) is a national non-profit veterans organization registered as a 501(c) 3 with the Internal Revenue Service. NGWRC is not in receipt of any federal grant or resource. For further information Contact:

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Stephen L. Robinson

Steve Robinson entered the Army on September, 28, 1981 and on completion of basic training and Airborne School, he was assigned to C co 1/75 Ranger Battalion where he earned his Ranger Tab and Black Beret. Steve Robinson has served in a wide variety of assignments to include; the Ranger Battalion, 24th Infantry Division, 1/10th Special Forces, Ranger Instructor Florida Phase, Long Range Surveillance Detachment Team Leader in Korea, Military Science Instructor, and finally as the NCOIC, Preliminary Analysis Group, Investigations and Analysis Directorate, Office of the Special Assistant to the Secretary of Defense for Gulf War Illnesses, Medical Readiness, and Military Deployments from February 1999 through September 2001.

During this period, Mr. Robinson was actively involved in all aspects of the organization's mission. He served as the Senior Non-Commissioned Officer to the Preliminary Analysis Group and assistant to the Executive Officer for all immediate response and request for information

Steve has held a wide variety of leadership positions. He served as a 60mm mortar gunner and 90mm recoilless rifle gunner, FDC assistant and FO controlling Joint CAS/Artillery. He has served as a Squad Leader in two Mechanized Infantry Battalions and was the Branch Chief of the Mountaineering Phase of Platoon Confidence Training Course in Bad Tolz, Germany. He also augmented C co 1/10th ODA 32 during Operation Provide Comfort after the Gulf War to repatriate the Kurds. After successful completion of a twenty-year military career, Steve Robinson continues to serve his country and his fellow soldiers. He has accepted the position of Executive Director of the National Gulf War Resource Center, a non-profit organization that helps veterans of the Gulf War and protects soldiers of today's Army. In this capacity, Mr. Robinson serves as a representative for the organization and it's agenda to veterans, congress and the media.

Steve Robinson is married to the former Patricia A. Tomlin of Cape May Court House, New Jersey.